



## Prior Authorization Approval Criteria

### Department of Pharmacy Services

**Generic Name:** voriconazole (oral)

**Brand Name:** Vfend

**FDA Approved Uses:** treatment of:

- invasive aspergillosis,
- Fungal infections due to *Scedosporium apiospermum*,  
*Fusarium* spp.
- esophageal candidiasis
- candidemia in non-neutropenic patients and,
- the following *Candida* infections:
  - disseminated infections in skin and abdomen,
  - kidney,
  - bladder wall and,
  - wounds.

**Medication Class:** antifungal

**Usual Dose:** 200 mg every 12 hours for patients >40kg (may increase up to 300mg if no response)  
100 mg every 12 hours for patients <40kg (may increase up to 150mg if no response)

**Duration of Therapy:** based on severity of the patients underlying disease.

**Criteria for Use:** *(bullet points below are all inclusive unless otherwise noted)*

- Clinically documented fungal infection invasive aspergillosis, *Scedosporium apiospermum*, or *Fusarium* spp that is susceptible to voriconazole.
  - Fungal culture and other relevant laboratory studies (including histopathology) need to be obtained to isolate and identify causative organisms.
- Failed/ intolerant to at least one other antifungal therapy.

Or

- Clinically documented esophageal candidiasis, candidemia or wound infection due to candida.
  - Must have failed or is intolerant to oral fluconazole.

**Contraindications:**

- Hypersensitivity to voriconazole or its excipients.
- Coadministration with **terfenadine**, **astemizole**, **cisapride**, **pimozide**, or **quinidine** can lead to QT prolongation or Torsade de Pointes.
- Coadministration with **sirolimus** can lead to increased sirolimus levels.
- Coadministration with **rifampin**, **carbamazepine** and **long-acting barbiturates** can lead to decreased voriconazole levels.



- Coadministration with **rifabutin** can increase rifabutin levels and voriconazole levels can be decreased.
- Coadministration with **ergot alkaloids** can result in ergotism.

**Not approved if:**

- The patient has any contraindications to the use of voriconazole.
- The patient does not meet the above stated guidelines for approval.



P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_